SUICIDE

AND

SELF-DESTRUCTIVE BEHAVIOR

GRAPHICS BY MORT WALKER

“It is our responsibility to help our soldiers and civilians understand how to identify at-risk individuals, recognize warning signs and know how to take direct action.”

General Eric K. Shinseki

Army Chief of

SUICIDE FACTS and *MYTHS* (1of 2)

MYTH: *Suicidal persons are crazy.*

FACT: **Most suicidal persons are not crazy**.

MYTH: *All suicidal people want to die and there is nothing that can be done about it.*

FACT: **Most suicidal people are undecided about living or dying. They may gamble with death, leaving it to others to rescue them. Frequently they call for help before and after a suicide attempt**.

MYTH: *People who talk about suicide rarely attempt or commit suicide.*

FACT: **Nearly 80 % of those who attempt or commit suicide give some warning of their intentions. When someone talks about committing suicide, they may be giving a warning that should not be ignored.**

SUICIDE FACTS and *MYTHS* (2 of 2)

MYTHS: Once a person is suicidal, they are suicidal forever.

FACT: Most suicidal people are that way for only a brief period in their lives. If they attempter receives the proper assistance and support, they will probably never be suicidal again. Only about 10% of attempters later complete the act.

MYTHS: Improvement following a suicidal crisis means the risk is over.

FACTS: Many suicides occur within 90 days after the beginning of "improvement" when they seem to have the energy to act on morbid thoughts and feelings. The desire to escape life may be so great that the idea of suicide represents relief from a hopeless situation. Therefore, we must be particularly attentive to the suicidal individual.

MYTH: Talking to someone about suicidal feelings will cause them to commit suicide.

FACTS: Talking to someone about their suicidal feelings usually makes the person feel relieved that someone finally recognized their emotional pain and they feel safer talking about it.

WHAT IS SUICIDE?

Suicide is deliberately ending one's own life.

SUICIDE BEHAVIOR INCLUDES:

- Serious suicidal thoughts or threats
- Self-destructive acts
- Attempts to harm, but not kill onself
- Attempts to commit suicide
- Completed suicide

WHY SUICIDE?

There is no simple answer.

Usually, the emotional upset is so great that the person "just wants to stop the pain." The suicidal person feels a tremendous sense of loneliness and isolation. They feel helpless, hopeless, and worthless.

HOW MANY PEOPLE COMMIT SUICIDE?

U.S. SUICIDE STATISTICS

- **Total of 29,041***
  - **Averages to one suicide for every 18 minutes**
  - **Within the U.S., more people kill themselves than are killed by others**

- **Between 1952 and 1995, the incidence of suicide among adolescents and young adults multiplied ~3X.**
  - **(2nd leading cause of death for youth)**
  - **More teenagers and young adults die from suicide than from cancer, heart disease, AIDS, birth defects, stroke, pneumonia and influenza, and chronic lung disease, COMBINED.**

- **Estimated 726,000 attempts****

- **Every day 80 Americans take their own lives and over 1,900 Americans visit Emergency Departments for self-inflicted injury (National Hospital Ambulatory Medical Care Survey, total = 706,000).**

* *1999 official U.S. statistics reported by National Vital Statistics Report, Vol 49, #3, June 2001*

SUICIDE: Cost to the Nation

Suicide annually costs the nation ~ 10X the # of Americans lost on 9/11/01.

Every day 80 Americans take their own lives and over 1,900 Americans visit Emergency Departments for self-inflicted injury (National Hospital Ambulatory Medical Care Survey, total = 706,000).

For every 2 victims of homicide in the U.S., there are 3 persons who take their own lives.

There are now 2X as many deaths due to suicide as to HIV/AIDS.

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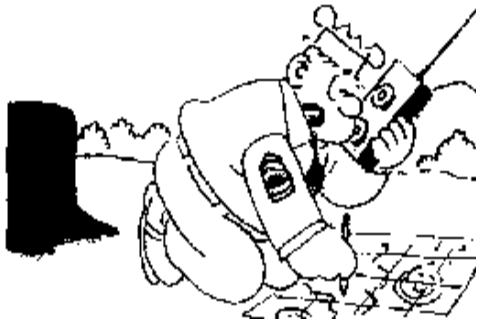
More teenagers and young adults die from suicide than from cancer, heart disease, AIDS, birth defects, stroke, pneumonia and influenza, and chronic lung disease, COMBINED.

Service

- **150 (+/-) service members commit suicide every year within DoD**
- **803 soldiers died from suicide during the 1990's - the equivalent of a Battalion Task Force**
- **Suicide was the third leading cause of death in the Army preceded by only accidents and all forms of illnesses combined. (1990-2001)**
- **Suicide has a direct impact on families, units, friendships, communities**

WHO COMMITS SUICIDE?



WHO COMMITS SUICIDE?

All kinds of people: young, old, rich
Poor, male, female, officers, NCO's,
enlisted, civilians, every race, and every creed..

WHY DO PEOPLE FEEL SUICIDAL?

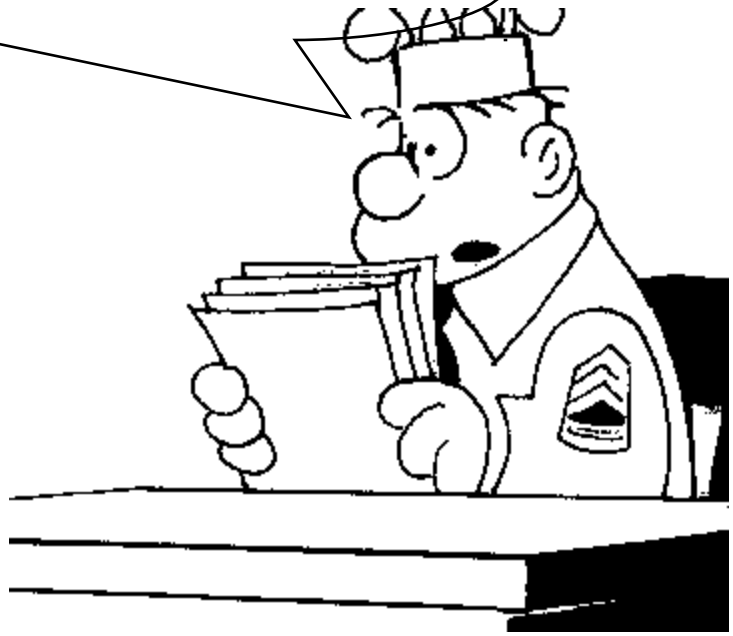
WHY DO PEOPLE FEEL SUICIDAL?

Because their problems seem overwhelming.

HOW CAN WE HELP?

By learning how to recognize the suicidal person….

HOW CAN WE HELP?



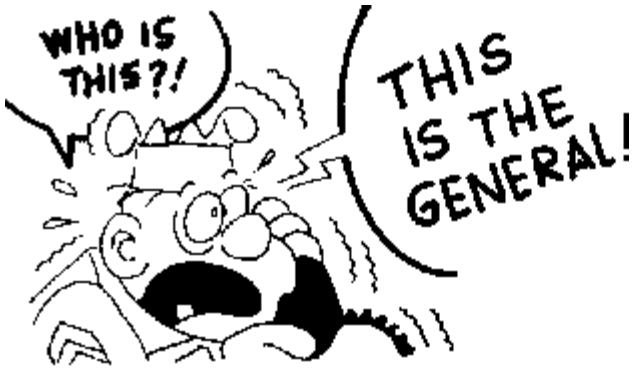
IN MOST CASES, SUICIDAL BEHAVIOR CAN BE PREVENTED…

- **Know the facts**
- **Recognize warning signs**
- **Be a “lifeline” buddy**
- **Be sensitive, caring and proactive**

THE MAIN CAUSES OF SUICIDAL FEELINGS ARE

STRESSORS AND SYMPTOMS THAT LEAD TO FEELINGS OF:

- > Hopelessness
- > Helplessness
- > Worthlessness



STRESSFUL SITUATIONS THAT CAN INITIATE SUICIDAL FEELINGS…

- **Poor job performance/evaluation**
  - **Being passed over for promotion or advanced schooling**
- **Failed relationships**
- **Death of a loved one**
- **Sickness and illness**
- **Financial problems**

- **Facing UCMJ or other legal charges**
- **Loss of “support systems” or “emotional safety”**
- **The compounding and disorienting effects of drugs and/or alcohol**

STRESSFUL SITUATIONS THAT CAN INITIATE SUICIDAL FEELINGS (cont.)

- **Renewal of bonding with family on return from long field training or an isolated tour**
- **Leaving old friends**
- **New military assignments**
- **Loss of self-esteem/status**
- **Humiliation/rejection**

- **Being alone with concerns about self and family**
- **Suicide of a friend or family member**
- **Discharge or retirement**

DEPRESSION

Emotional dejection and withdrawal is often associated with suicide. Sadness and an occasional "case of the blues" are normal emotions. However, depression, an abnormal emotional state, is a profound sadness which is present nearly everyday for at least two weeks. In 75 to 80 percent of all suicides, depression is a contributing factor.

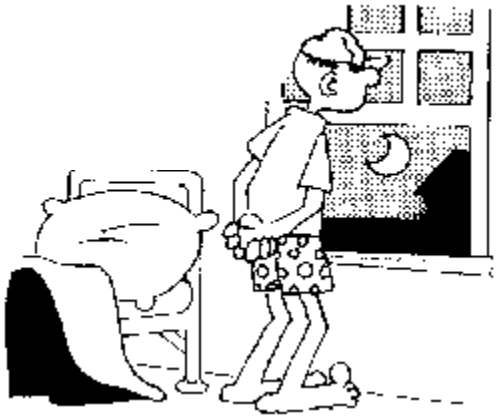
> Sadness that's greater than usual

> More prolonged

> Helpless hopeless, worthless

DEPRESSION IS CHARACTERIZED BY:

- **Poor appetite or significant weight loss or increased appetite or significant weight gain**
- **Change in sleep habits**
- **Behavioral agitation or a slowing of movement**
- **Loss of interest or pleasure in usual activities or decrease in sexual drive**
- **Loss of energy, fatigue**
- **Complaints or evidence of diminished ability to think or concentrate**



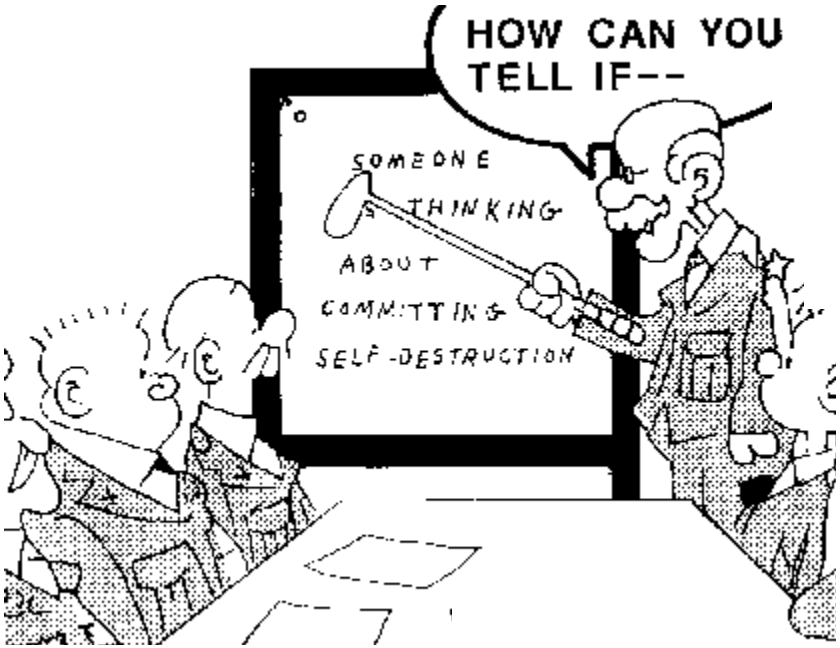
DEPRESSION IS CHARACTERIZED BY:

- **Feelings of worthlessness, self-reproach, or excessive guilt**
- **Withdrawal from family and friends**
- **Drastic mood swings**
- **Sudden change in behavior**

DEPRESSIVE SITUATIONS THAT CAN INITIATE SUICIDAL FEELINGS...

- **Disappointment**
- **Rejection**
- **Illness**
- **Loss of relationship**

MOST SUICIDAL PEOPLE GIVE CLUES...



BE ALERT FOR THESE SIGNALS…

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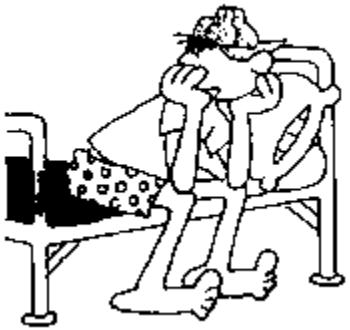
DIRECT VERBAL CLUES…



> “I’m going to kill myself”

> “I’m going to commit suicide”

> “I want to end it all”

> “I want to die”

Indirect verbal clues…

> “I’m tired of life” ***- a sad expression***

> “Who cares if I’m dead anyway” ***- sighs often***

> “I can’t go on anymore” ***- pessimistic***

> “You’d be better off without me” ***- cynical***

Camouflaged verbal clues...

> “Soon I won’t be around”

> “Soon you won’t have to worry about me anymore”

> “Goodbye, I won’t be here when you return”

Camouflaged verbal clues...

> “Soon I won’t be around”

> “Soon you won’t have to worry about me anymore”

> “Goodbye, I won’t be here when you return”

- pessimistic about the future

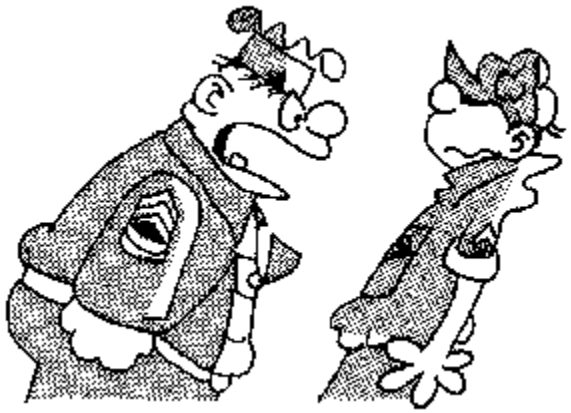
- verbal or written

BEHAVIORAL CLUES...

- **Buying a firearm**
- **Stockpiling pills**
- **Putting affairs in order**
- **Sudden interest in wills, funerals, and life insurance**
- **Selling or giving away possessions**
- **Visits to sick call when not sick**
- **Frequent illness**
- **Excessive weight loss or gain**
- **Drug or alcohol abuse**

BEHAVIORAL CLUES, con't...

Family or relationship problems



Chronic absenteeism or tardiness

Decreasing job performance

Financial problems

A confrontation with an important person

Neglect of appearance and hygiene

Increasing isolation

Themes of death in writing and artwork

Depression

SUICIDE RISK FACTORS

E SUICIDE RISK IS HIGHER IN A PERSON WHO:

Has problems with family, relationship, job, Army, finances

Has made previous suicide attempts

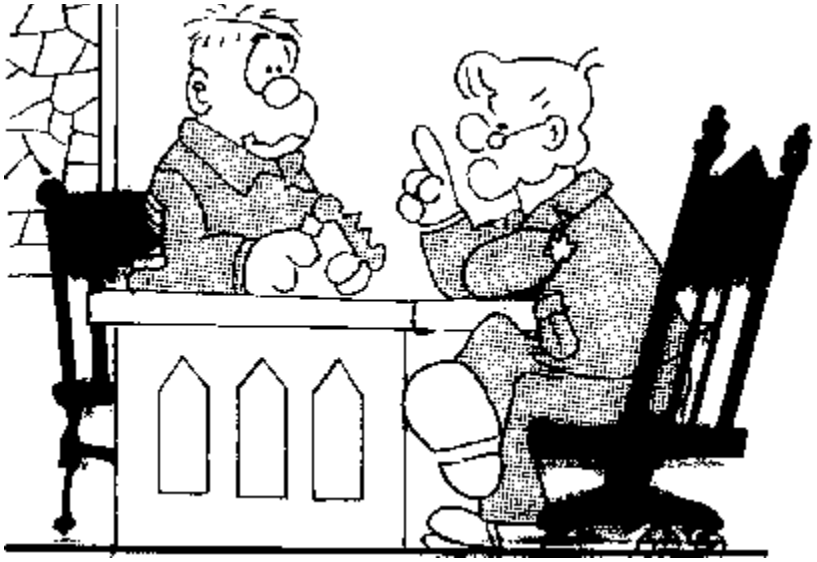
Has experienced a recent suicide of a friend or relative

Threatens suicide

INTERVENTION…

DON’T ASSUME THE SITUATION WILL CURE ITSELF…

THREATS AND ATTEMPTS ARE WAYS OF ASKING FOR HELP…



CALL FOR HELP…

- **DUTY HOURS:**
  - **COMANDER OR 1SG**
  - **CHAPLAIN**
  - **COMMUNITY MENTAL HEALTH**

CALL FOR HELP…

- **NON DUTY HOURS:**
  - **STAFF DUTY**
  - **EMERGENCY ROOM**
  - **ON CALL CHAPLAIN**
  - **MILITARY POLICE**

WHAT <u>NOT</u> TO DO…

- Don’t leave the person alone or send the person away

- Don’t overact – don’t be shocked by anything he (she) says.
  - You don’t have to explore all of the details, get enough information to your care, concern, and willingness to listen non-judgmentally

- Don’t rush-remember, you are just trying to establish contact and get the person to someone who can help; you are not trying to completely resolve the crisis

- Don’t minimize the person’s concerns: “*this is not worth killing yourself over.”* Remember to acknowledge*: “I see this is very upsetting to you and I want to get help for you.”*

- Don’t discount or make light of the suicidal threat: *“you don’t really want to kill yourself.”*

- Don’t argue whether suicide is right or wrong.

- Don’t preach or moralize: “*you have everything to live for.”* The issue is the problem or bind the person feels he (she) is in, not life and death

WHAT <u>NOT</u> TO DO…

- Don’t challenge or get into a power struggle. You will do everything you can to get help right now, but ultimately he (she) has control over his decision

- Don’t think the person just needs reassurance. You can reassure that you will get help

- Don’t promise to keep the conversation confidential. There is limited confidentiality in life-threatening situations

- Remember that all persons who are at risk for suicide need help. It is always better to overreact (in terms of taking action) than to fail to take action. It is better to have someone angry with your or embarrassed than dead.

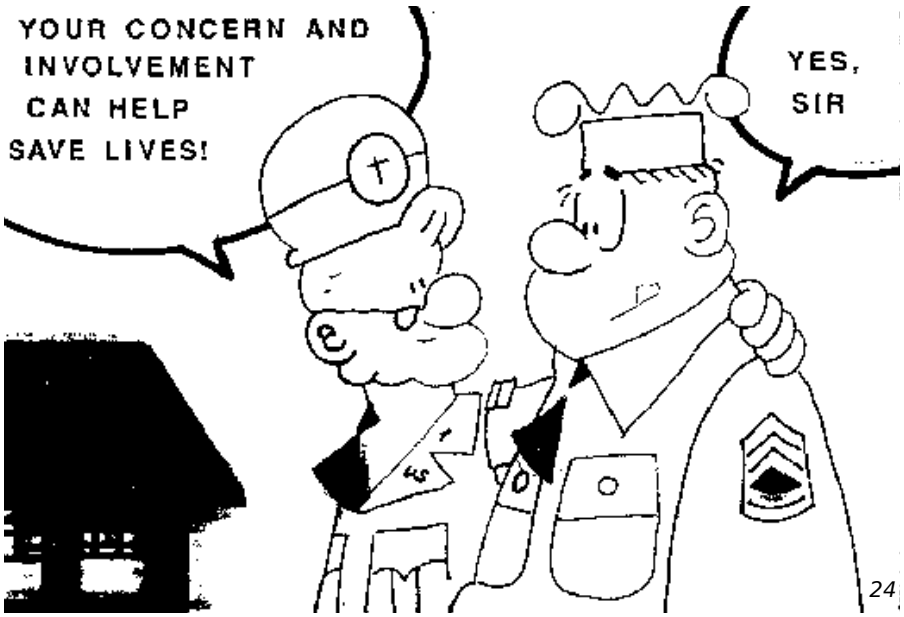
REMEMBER…

> **BE A BUDDY**

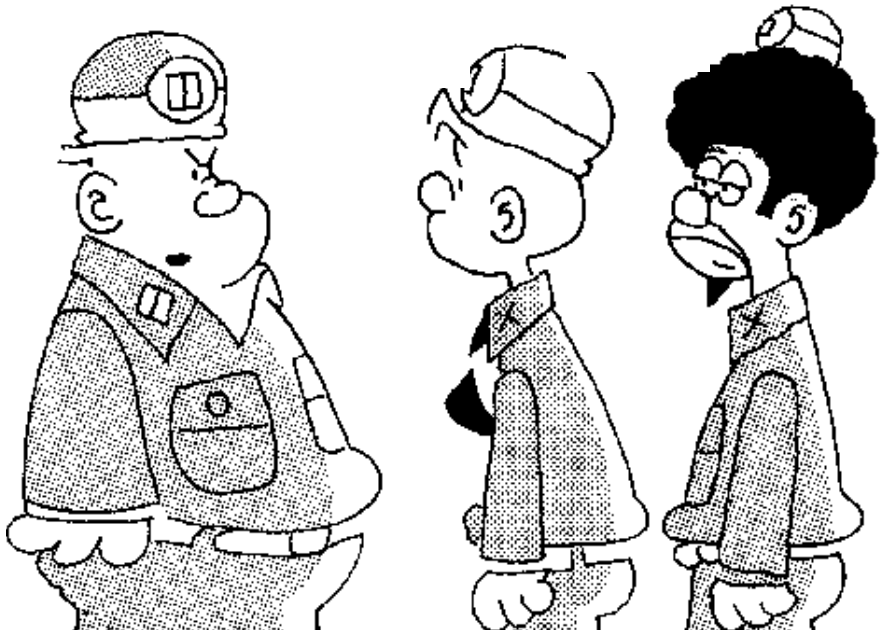
> **KNOW YOUR PEOPLE**

> **RECALL THE CLUES**

> **CALL FOR HELP**



LET'S TAKE ACTION NOW!



BE SAFE
RATHER THAN
SORRY

QUESTIONS

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